

Gary Ruthford  
 Name  
P.O. Box 197  
 Mailing Address  
Superior, MT. 59822  
 City State Zip Code  
(406) 546-4  
 Phone Number  
garyruthford@icloud.com  
 E-mail Address (optional)  
☒ Petitioner/Plaintiff ☐ Respondent/Defendant

☒ MONTANA JUDICIAL DISTRICT  
☐ IN THE JUSTICE COURT OF  
☐ IN THE MUNICIPAL OR CITY COURT OF

<u>Gary R. Ruthford</u> Petitioner / Plaintiff,	Case No: _____ (leave blank, the clerk will write in)
and <u>Mineral County</u> Respondent / Defendant.	Statement of Inability to Pay Court Costs and Fees

I have a good cause of action or defense but am unable to pay filing or other court fees. I request the court waive the costs and fees. I provide the following information.

My full legal name is: Gary Robert Ruthford was born in this month July 30 and this year 1950.

☐ I am represented by an entity that provides free legal services to low-income persons.

Or

☐ I am represented by a volunteer/pro bono attorney, and am financially eligible for free legal services. (Attach a certificate of eligibility from legal aid organization to this form.)

Or

☐ I receive one or more of these benefits: (Check the box for each benefit you receive.)

wife Receives S.S.I., I did receive Soc. Sec. Retirement  
☐ SNAP ☐ TANF ☐ SSI ☐ Medicaid ☐ WIC ☒ LIEAP prior to incarceration.

Applied for LIEAP, was approved, But waiting on electric credit to be Applied  
 If you checked any one of the three boxes above, skip to the end of this form, and sign the declaration on page 3. You don't need to fill out the remainder of the form.

If you did not check a box above, you may still qualify for a fee waiver. Please continue to fill out pages 2 and 3 of this form so the court has the information it needs to decide if you qualify for the fee waiver.

I. INCOME (Complete this Section to the best of your ability.)

Re:

CAUSE #

CV-22-195-M-DLC-KLD

Gary Robert Ruthford

Mineral County

MAR 29 2023

Clerk, U.S. Courts  
 District of Montana  
 Missoula Division

What do you do for work? currently unemployed Who is your employer?n/aApprox. \$ 14,300 -What is your household's annual income, before taxes? \_\_\_\_\_ How many people are in your household? 2  
(The tables below will help you answer these questions, if you are not sure what to put in the blanks.)JAN.If you are unemployed, when were you last employed (Month, Year)? 2022 Your job? randomAre you married? ☒ Yes ☐ No ☐ Separated ☐ Getting Divorced NOTE: If you are not married, if you and your spouse are separated, or if one of you is filing for dissolution of marriage, you do not need to provide your spouse's income below.

Fill in the chart below with the income received by you, and by your spouse, if applicable. Put a "0" in each blank if you or your spouse don't receive the income listed.

Income Sources	Amount YOU receive per month before taxes	Amount YOUR SPOUSE receives per month before taxes
Employment	\$ <u>0</u>	\$ <u>0</u>
Retirement/Pension	\$ <u>291.90</u>	\$ <u>0</u>
Workers' Compensation	\$ <u>0</u>	\$ <u>0</u>
Social Security	\$ <u>0</u>	\$ <u>0</u>
Unemployment	\$ <u>0</u>	\$ <u>0</u>
Government Benefits	\$ <u>0</u>	\$ <u>0</u>
Child Support Received	\$ <u>0</u>	\$ <u>0</u>
A person or agency pays my rent or other monthly expenses and the amount is:	\$ <u>n/a</u>	\$ <u>0</u>
Other Income—e.g., rental income, stocks, investments, etc.—describe: <u>S.S.I (spouse)</u>	\$ <u>n/a</u>	\$ <u>DISABILITY ssi</u> <u>913.00</u>
<b>Total here:</b>	\$ <u>291.90</u>	\$ <u>913.00</u>

What is your household size? How many persons, if any, depend on you financially? If none, then write "N/A" below. Attach another page if needed and check here to tell the court you attached another page: ☐

Dependents (Initials Only)	Age	Relationship to You
1. <u>J.C.G.R</u>	<u>42</u>	<u>Wife/DISABLED</u>
2.		
3.		
4.		
5.		

**II. ASSETS** (Complete this Section to the best of your ability.)



**What property do you and your spouse own?** Include your spouse's property if you are married and not separated and not filing for dissolution. Fill in the chart below, only listing items that you could sell for \$600 or more. If you don't own an item listed, write "N/A" in the "Value" column for that item. "Value" means the total amount the item(s) identified in a column would sell for, minus the amount you still owe on the item(s), if anything.

Asset	Value
Cash (This includes the money in your savings and checking accounts)	\$ $\phi$
Vehicle 1: provide year, make and model <u>2013 Mercedes Benz GLK</u>	\$8,500-
Vehicle 2: provide year, make and model <u>1996 Toyota Tacoma</u>	\$3,500-
Home where you live now <u>mortgage exceeds value</u>	\$ $\phi$
Real estate or other homes/mobile homes (Not including the home you are living in now)	\$ $\phi$
Recreational vehicle(s) such as snowmobile, ATV, camper/RV, boat, motorcycle, etc.	\$ $\phi$
Guns or other collections	\$ $\phi$
Other Item(s) worth more than \$600—describe: _____	\$ $\phi$

**III. DEBTS AND EXTRAORDINARY EXPENSES** (Complete this Section to the best of your ability.)

**What bills do you and your spouse pay each month?** Fill in the chart below.

Monthly Expenses	Value
Housing Expense ( <u>Mortgage</u> ) or Rent <u>Rocket Mortgage</u>	\$ 713. <sup>00</sup>
General Household Expenses: Utilities, Phone/Internet/Cable, etc.	\$ 225. <sup>00</sup>
Insurance Expenses, Healthcare Costs and/or Medical Debt(s)	\$
Childcare Expenses	\$ $\phi$
Other Extraordinary Expenses: e.g., Collection actions, Student Loans—describe: <u>CreditCards - currently unpaid</u>	\$ $\phi$

**IV. ADDITIONAL INFORMATION** (This Section is optional.)

If you have additional information that you want the court to consider about your inability to pay court costs, write that information under your signature below or attach an extra page. Check here if you attached another page: ☒

**V. DECLARATION** (This Section is Required.)

I declare under penalty of perjury and under the laws of the State of Montana that the information in this document is true and correct. I understand that it is a crime to give false information in this document.

Date: 03/20/2023 City: Superior State: Montana  
 YOUR Signature: J. Rutherford P.O. A

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Court Use Only

(please see attached)

Gary Ruthford is currently incarcerated. And his only income is his monthly Pension. His Soc. Security disability/Retirement Benefits have been Suspended while incarcerated. I am his wife, and the Power of attorney, (filed with court house). And my only income is my disability.

Gary is still relied on to support our Household, which he is currently unable to do.

So I did not submit to you all household expenses, as they're unpaid.

Gary's personal address is below if you'd like to send him any documents personally. Or our Home address is on the waiver form.

Thank-You for your time -  
if I missed anything. Please notify me & I will provide.

Jessica Ruthford

(406) 550-3271 or mrsjruthford@gmail.com &

Gary Ruthford #24767 CrossRoads Correctional Facility  
50 CrossRoads Dr. SHELBY, MT. 59474



☒ MONTANA \_\_\_\_\_ JUDICIAL DISTRICT COURT, Missoula COUNTY  
☐ IN THE JUSTICE COURT OF \_\_\_\_\_ COUNTY, STATE OF MONTANA  
☐ IN THE MUNICIPAL OR CITY COURT OF \_\_\_\_\_, MONTANA

<u>Gary R. Ruthford</u> Petitioner / Plaintiff,	Case No: _____ (leave blank, the clerk will write in)
and <u>Mineral County</u> Respondent / Defendant.	Order Regarding Statement of Inability to Pay Court Costs

**Warning! Read carefully the section checked below.**  
**It is a court order.**

☒ Waiver of court costs is **Granted**. Declarant shall proceed without payment of court fees or costs.

☐ Temporary Waiver of court costs is **Granted**. Declarant may file without payment of court fees or costs, but the Court may determine at a later time that the declarant has the ability to pay all fees or costs and will require declarant to do so.

☐ Temporary Waiver of fees is **Granted**. Declarant may file without payment of court fees or costs, but must appear before the Court at \_\_\_\_\_ a.m/p.m. on the \_\_\_\_\_ day of \_\_\_\_\_ and show cause why the declarant lacks the ability to pay all fees or costs.

**Warning! If this third box is checked, you must come to court on the date ordered above. If you don't come, the judge will deny your request to waive court costs, and you will have to pay the court costs.**

☐ Waiver of Fees and costs is **Denied**. Waiver is denied based on the following:

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Ordered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Presiding Judge